

**IHS/CAO TRIBAL ADVISORY COMMITTEE MEETING**  
**June 15-16, 2004**  
**EXECUTIVE SUMMARY**

<b>Members in attendance:</b>	<b>Tribe Represented</b>	<b>Region Represented</b>
Mr. Peter Masten, Jr.	Hoopa Valley Tribe	Northern
Ms. Diane Holiday,	Blue Lake Rancheria	Northern
Ms. Rachel Joseph,	Lone Pine Reservation	East Central
Ms. Carol Bill, Alt.	Cold Springs Rancheria	East Central
Ms. Donna Schuler,	Sherwood Valley Rancheria	West Central
Ms. Richard J. Yee, Alt.	Middletown Rancheria	West Central
Ms. Theda Molina,	La Jolla Reservation	Southern
Ms. Christina Arzate,	Santa Rosa Reservation	Southern
Mr. Jack Musick,	La Jolla Reservation	Southern
Mr. Joseph C. Saulque,	National Indian Health Board	

**IHS staff in attendance:**

Ms. Margo Kerrigan,	Area Director
Mr. J. Paul Redeagle,	Deputy Area Director
Dr. Stephen Mader,	Chief Medical Officer
Mr. Dennis Heffington,	ISDA Program Manager
Mr. Ed Fluette,	Associate Director, OEHE
Ms. Beverly Miller,	Associate Director, OMS
Ms. Paula Lee,	Attorney, OGC

The California Area Tribal Advisory Committee (CATAC) meeting began on Tuesday, June 15<sup>th</sup> at 9:00 a.m. and ended June 16<sup>th</sup> at 12:00 p.m. In addition to the attendees listed above, this meeting was open to and attended by additional tribal and program leaders, Indian Health Service (IHS) staff, and guests.

Ms. Kerrigan Director, California Area Indian Health Service (CAIHS), opened the meeting with a welcome, and introductions.

**ANNUAL TRIBAL LEADER'S MEETING** - Ms. Kerrigan led the group discussion regarding the last Annual Tribal Leader's Meeting and suggestions for the next meeting. Following is a list of their observations, comments, and recommendations:

Lost people as early as 10:00am,

Firm up in advance the key note and other speakers,

There seemed to be confusion regarding who should speak and what they should speak about, need more participation from tribes,

Was voting process satisfactory - discussion of the issue and vote immediately?

What about meeting in the casino,

Content good, voting after issue is good but "in casino?",

Tribal leaders should be more assertive, more in tune with health issues, writing letters, some tribal leaders should have a "heart to heart" discussion with other tribal leaders,

Some health programs' staff do not inform/educate their tribal leaders on specific issues, they're not comfortable speaking (being assertive) on issues they are not fully informed or knowledgeable about,

Tribal caucus time needed before each vote. We'll lose more people to the meeting,

Health care does not seem to be the top priority for tribes,

Biggest threat to Indian Health, is 1.5 to 2% increase in funding when costs go up 25%,

What did you think about the exercise - jazzersize activity? Early morning walks? Is this an activity to continue next year?,

How do we address the federal facilities issue? The tribes don't benefit from increases. Does California need an Area Tribal Health Board? How can we get "staff housing" funding?

#### **ORIENTATIOIN for CATAAC REPRESENTATIVES, CALIFORNIA**

**REPRESENTATIVES TO NATIONAL WORKGROUPS** - Ms. Kerrigan reviewed the California Area circulars describing the *California Area Tribal Advisory Committee* and the responsibilities for *California Representatives to National Workgroups*. The Tribal Advisory Circular describes the consultation and participation activities of the IHS and tribes within the California Area. The second circular describes the selection and inclusion of California Area representatives on national joint tribal/federal workgroups who can best contribute to a desired outcome and provide a California Area perspective on a variety of

programmatic and administrative concerns. Some specific responsibilities of these representatives include:

Being prepared on the issues, coordination of travel needs, attending, summarizing, and reporting to CATAC and other tribal leaders, and be aware of the process for alternate members to attend, if necessary.

Three national workgroups currently have representatives from the California Area. Ms. Rachel Joseph and Mr. Joseph Saulque are the California Area Tribal Representatives to the National Budget Formulation Workgroup. Ms. Christina Arzate and Mr. Peter Masten, alternate, were named the California Area Tribal representatives to the Secretary DHHS Tribal Consultation Policy Revision Workgroup. Mr. John Carney, Executive Director, Riverside-San Bernardino County Indian Health, Inc., is the representative to the Federal/Tribal/State Human Services Workgroup.

Members asked for a listing by region of tribes with address and telephone numbers. This was provided on Wednesday morning.

A California Area Program (Executive Director) Director meeting was planned for July 14<sup>th</sup> in Folsom, California. This has subsequently been changed to August 18-19.

The CATAC needs to know program information like CHS data. Health Board members have authority/oversight over programs, so they requested approval to attend this meeting. No problem attending this meeting, but it should be considered a "business meeting."

The Budget Formulation Workgroup Committee Chairperson was asked to speak to the Program Directors on the importance and need for data for budget purposes.

**STATUS REPORT YRTC AND LAND** - Ms. Kerrigan, Dr. Mader, and Dr. Sprenger all provided input into this discussion. The Southern Indian Health Council, Inc. has closed their component of the YRTC operation because of high costs. It became too expensive to continue operations.

For the good news the House "Mark-up" contained \$2,700,000 in the 2005 Budget for the planning and design of the California Area YRTC.

The YRTC group is currently looking at land for a YRTC in Sonoma County, Santa Ysabel, and San Pasqual.

Questions asked included "What about allotment land with a 99 years lease through the Bureau of Indian Affairs?". Mr. Kerry Gragg, Area Facility Management Engineer, responded that a 99 year lease may also be used with tribally owned trust land.

**DIABETES GRANTS PROGRAM UPDATE** - Ms. Dawn Phillips joined the meeting via conference telephone. Dr. Mader and Ms. Phillips provided information regarding the Diabetes grant program. Applications are due July 15<sup>th</sup>. The grant requirements encourage consortiums to apply, many California programs cannot apply. It is not ok that California small tribes and programs have to have a whole level of administration that large tribes/programs don't have. This policy issue should be addressed.

A one day event, TCOYD (Taking Care of Your Diabetes), is planned for August 28<sup>th</sup> near the Sonoma County Indian Health Program, Inc. at Vineyard Creek. The next CATAC meeting has been planned for August 26-27<sup>th</sup> in Sonoma at the SCIHP, Inc.

**HEALTH SERVICES AND FACILITIES MASTER PLAN** - Mr. Kerry Gragg, Facility Management Engineer, described the goals involved with the "Area Facilities Master Plan". Mr. Gragg's goal for this presentation was "Receive input/direction from CATAC on process to notify California tribes and health programs of the serious need to respond with comments on the policy to insure it's inclusion of small tribal health program."

Mr. Gragg and Ms. Donna Schular, the California Area FAAB representative, will develop information for distribution to each California tribe and health program, outlining issues and impacts for small tribal programs.

This plan is to develop a Health Services Master Plan to address the short and long term health care requirements for each federally funded service unit. The completed plans will provide a wealth of information for the health programs use, beyond that which IHS will use for the health facility construction priority system competition.

This is expected to include the establishment of a conceptual direction for existing and new health care services, definition of how services provided at each facility may relate to a larger service network, and prioritized ten year Development Plan for each facility and for the Area as a whole.

Each IHS area was allocated approximately \$150,000 to develop an Area Master Health Facilities and Services Plan. The costs for

master plans provided in other areas have ranged from \$450,000 to \$800,000. To properly complete such a plan for the California Area with our sites, an estimated \$1,500,000 is needed. The scope of work is being finalized and submitted to the Dallas Engineering Services for obtaining a cost proposal from the contractor.

**UPDATE FROM SANITATION FACILITIES CONSTRUCTION** - Mr. Don Brafford, Sanitation Facilities Construction (SFC) Director, and Mr. Chris Brady, SFC Deputy Director provided information on the differences in costs throughout the Area for well, water and septic systems. The current construction costs reflect regional variations throughout California making it difficult to establish cost caps in the area. To meet GPRA goals, California must develop a methodology to establish cost caps on a geographical basis. The Average cost in California is \$32,538, this may deviate up to \$6,178 from all over the state, so a reasonable cost cap would be \$38,716.

**REGION IX CONSULTATION MEETING** - The preliminary draft agenda for the Region IX Consultation Meeting to be held in Las Vegas, July 21-22 was reviewed by the group. Mr. James Crouch, Executive Director, CRIHB, has set up a meeting with Dr. Charles Grim, Director, IHS, with the California caucus on Wednesday evening. So everyone should look for the details at the meeting. The *Tribal Consultation Report 2003*, the results of last years Region IX meeting, was provided for review.

Ms. Christine Arzate and Mr. Peter Masten reported on the Tuesday conference call of the tribal consultation planning workgroup. Included was the joint process to review the Secretary and DHHS policy on tribal consultation.

Mr. John Carney, Executive Director, Riverside San Bernardino County Indian Health, Inc., reported on two meetings of the Federal/Tribal/State Human Services Workgroup.

**CALIFORNIA TRIBAL HEALTH BOARD** - Attendees felt that the tribal leaders attending the last Annual Tribal Leader's Meeting in Reno gave a mandate to form a California Area Tribal Health Board, an organization to represent all California tribes. For instance, this "area wide board" would, for purposes of an "epi" center, or a youth regional treatment center, represent all tribes of California, not just those involved in a smaller consortium. Those interested will look at existing health boards for structure, and also begin exploring potential funding sources. Mr. John Carney was selected as the contact point for

these activities. The interested group hoped to meet in the evening of August 26<sup>th</sup> during the next CATAC meeting.

**REAUTHORIZATION OF THE IHCIA** - Ms. Rachel Joseph reported that the reauthorization was still possible, but unlikely. There has not been timely response to Congress's request for information from the Secretary, DHHS.

**BUDGET FORMULATION** - Ms. Rachel Joseph, selected as Co-Chairperson of the Budget Formulation Team, reported there was an attempt to sabotage the power point presentation during their meeting with the insertion of a priority to fund the Office of Tribal Self-Governance. The contract to NIHB to support the budget formulation objective is not detailed or strong enough. The group misses the information and support formerly provided by Mr. Michel Lincoln. IHS and DHHS needs to be cognizant of who represents them at various presentations and meetings. Tribes need to write letters of support for the YRTC and the reauthorization of the IHCIA. There is an expectation that discretionary program may be squeezed, so data and GPRA performance is a must to get budget increases or at least no decreases.

An observation from Mr. Joe Saulque was that perhaps the medical provisions in the IHCIA was holding up reauthorization. Ms. Joseph agreed that was a possibility.

**PROGRAM DIRECTOR'S MEETING** - A program director's meeting was planned for July 14<sup>th</sup>. This subsequently has been changed to August 18-19, at the Stanford Room at the Federal Building, 650 Capitol Mall, Sacramento. The group felt that that one of them should be a liaison to the Program Director group. Ms. Arzate volunteered and selected. Ms. Carol Bill will contact Ms. Jacquie Davis Van Horn to see if she will serve as the alternate.

**FACILITIES APPROPRIATION ADVISORY BOARD (FAAB)** - Ms. Donna Schular, a CATAC member representing the West Central Region, and the Sherwood Valley Rancheria, serves as the California representative to the FAAB. Ms. Schular provided a summary of the last FAAB meeting.

Ms. Schular requested an alternate be appointed to assist her in dealing with important and complex issues. The issues include the Health Services Master Plan and the related Construction Priority System. Ms. Schular was asked to draft a letter for other tribes to support to send in and reflect a consistent

position for these issues. California has "small clinic issues" and is supported by many other IHS areas.

Support is needed when Ms. Schular returns from a FAAB meeting and is required to distribute information to all California tribes and request and coordinate feedback and comments on various issues.

Mr. Jack Musick was selected to be the alternate for Ms. Schular.

**NEXT CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE MEETING** - The next **CATAC** meeting is planned for Thursday and Friday, August 26-27, from 9:00AM to 4:00PM each day. The meeting will be held at the Sonoma County Indian Health, Community Room (upstairs), 144 Stony Point Road, Santa Rosa, California 95401. Telephone number for the Clinic is (707)521-4545. Any questions please call.